For Postal Delivery
Department of Labor and Industries
Factory Assembled Structures
PO Box 44430
Olympia WA 98504-4430

For Non-Postal Delivery (e.g., FedX, UPS)
Department of Labor and Industries
Factory Assembled Structures
7273 Linderson Way SW
Tumwater WA 98501
www.wa.gov/lni/FAS/
(case sensitive)

☐ CST
☐ Chap 11
☐ Permanent
☐ Alteration
☐ Replacement

Multi-Tagged
☐ WA   ☐ ID
☐ OR   ☐ Other

Applicant: Fill out completely

MANUFACTURER	MFG NO.
PRODUCTION FACILITY ADDRESS	
CITY/STATE/ZIP	
TELEPHONE NO.	FAX NO.

FOR DEPARTMENT USE ONLY

FEE LEDGER SHEET NO	CHECK NO.	$ AMOUNT.

APPLICATION FOR INSIGNIA
FOR COMMERCIAL COACHES

SUBMIT ONE COPY - *NOTE: A separate form is to be used for each building unless multiple buildings have the same plan approval, number.*

Contact person's printed name:	Date	Fee enclosed **$**
Signature	Phone No ( )	FAX No ( )

A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION -- NOT SUBJECT TO REFUND

PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES

1.	Dept. Insignia No.	Mfg Serial No.			Approved Plan No.		POD _____ OF _____	Fee $

ROOF		WIND	TD	ESL	P	AC	TC	OG		HTG

2.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
3.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
4.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
5.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
6.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
7.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
8.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $
9.	Dept. Insignia No.	Mfg Serial No.	POD _____ OF _____	Fee $

continued on reverse

Manufacturer to complete:

Number of tags: _____   **Via**

☐ Regular mail
☐ Overnight at customer expense—
☐ Other _____

► Carrier _____
Acct # _____

FOR DEPARTMENT USE ONLY		
Date	Insignia Release by	To

F623-019-000 (PDF) app for insignia - cc 11-00

No.	Dept. Insignia No.	Mfg Serial No.	Approved Plan No.	POD ___ OF ___	Fee $
10.					

ROOF	WIND	TD	ESL	P	AC	TC	OG	HTG

No.	Dept. Insignia No.	Mfg Serial No.	POD ___ OF ___	Fee $
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